

CONTRACTOR QUESTIONNAIRE

Establishment: _____ **Date:** _____

Location: _____

Telephone on Site: _____ **Email:** _____

Owner / General Manager: _____

Please complete this form with all applicable information:

PEST CONTROL SERVICE *(Required monthly or more frequently if needed)*

Name	
Address	
Telephone Number	

DUMPSTER CONTRACTOR *(All dumpster contractors must be licensed by the Natick Board of Health)*

Name	
Address	
Telephone Number	

HOOD and DUCT CLEANING SERVICE *(Required twice a year or more frequently if needed)*

Name	
Address	
Telephone Number	

RENDERING/GREASE WASTE DISPOSAL and REMOVAL SERVICE

Name	
Address	
Telephone Number	

EXTERNAL GREASE TRAP/SEPTIC HAULER SERVICE *(Quarterly Service. All Septic Haulers must be licensed by the Natick Board of Health and pump-out records submitted within fourteen (14) days of service)*

Name	
Address	
Telephone Number	